

Taking The Mystery Out Of Relapse

Relapse Prevention *Taking The Mystery Out of Relapse*

Conference Workshop
Presented By Dr. Stephen F. Grinstead
Clinical Director for the Gorski-CENAPS® Corporation
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How To Benefit From The Workshop

1. Understand the CENAPS® Relapse Model
Know the Principles & Practices
2. Integrate it into your personal/clinical style
Make it habitual part of your routine practice
3. Adapt it to your program's needs Improve
your program's quality & effectiveness
4. Individualize it for each client you see
Make a difference in the lives of your clients

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Now We're Going To Take A
Short Quiz About Relapse



Answer True, False, or Not Sure for Each One

1. If you stop addictive use for a while and then begin to use again, you relapsed.
2. Relapse develops over a progressive period of time & has early warning signs.
3. You are in recovery if you have stopped the alcohol and/or drug use.

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Answer True, False, or Not Sure for Each One

4. Relapse occurs because addicts/alcoholics drop out of treatment or stop going to meetings.
5. Recovering people may not be totally aware of the warning signs of relapse.
6. Once recovering people are consciously aware of the warning signs of relapse, they can choose to take action to make the warning signs go away.

Answer True, False, or Not Sure for Each One

7. Relapse can be avoided by willpower and self-discipline alone.
8. People who relapse are not motivated to recover.
9. When people relapse it means that they haven't hit bottom yet and they need to experience more pain.

You Have To Be In Recovery Before You Can Relapse

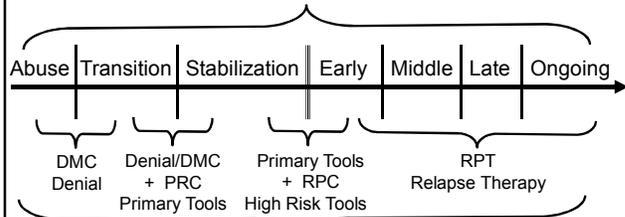
Being in recovery requires...

- Understand addiction
- Apply that understanding to self
- Accept the painful feelings due to being addicted
- Having hope & belief recovery is possible & preferable than the old way
- Doing the B.P.S.S. recovery footwork needed
- Be abstinent ~ 60 to 90 days

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Gorski-CENAPS® Developmental Model Of Recovery

Assessment: Identifying Problems



Coexisting Problems Treatment

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Tools For Moving Into Early Recovery

- Moving from stabilization to early recovery requires...
 - Identifying and managing stress
 - Normalizing and managing cravings
 - Identifying & managing Post Acute Withdrawal
 - Identifying and managing high risk situations
 - Also known as Relapse Justifications

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Defining Denial

- Automatic and unconscious reactions that defends us against the pain of recognizing serious problems; but can actually make our problems worse

**It's a Normal Part of
the Human Condition**

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Denial/Saboteur Patterns

- Primary irrational thoughts that ...
 - Deny seriousness of problems
 - Protect from the pain of facing problems
 - Lead to worsening of problems

**There Are Twelve
Common Denial Patterns**

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#1 — Avoidance

- Definition
 - Refusing to think about, talk about, or do anything that will focus on my problems
- Mistaken Belief
 - If I refuse to think or talk about my problems, they will magically go away!

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	Types Of Avoidance
	<ul style="list-style-type: none"> ■ Saying Nothing – It will go away if I don't talk about it! ■ Distraction – It will go away if I focus on other things! ■ Uproar – It will go away if I create a crisis! ■ Playing Dumb – It will go away if I pretend not to know about it!
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	#2 — Absolute Denial
	<ul style="list-style-type: none"> ■ Definition – Refusing to admit that a problem exists in spite of convincing evidence that it does ■ Mistaken Belief – If I can convince myself and others that I don't have a problem—then problem solved!
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	#3 — Minimizing
	<ul style="list-style-type: none"> ■ Definition – Seeing problem as less serious than it really is ■ Mistaken Belief – If I can convince myself and others that the problem it isn't really that bad, it will go away
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	#4 — Rationalizing
	<ul style="list-style-type: none"> ■ Definition – Justifying your problem behavior by creating good reasons for having it ■ Mistaken Belief – Having a good enough reason for the problem will solve it and save me from negative consequences
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	#5 — Blaming
	<ul style="list-style-type: none"> ■ Definition <ul style="list-style-type: none"> – Refusing to accept responsibility for solving the problem by believing that it is someone else’s fault ■ Mistaken Belief <ul style="list-style-type: none"> – If someone else is responsible for the problem, I don’t have to deal with it ■ Have you blamed others to avoid taking action to help yourself?
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	Please Rate Your Patterns 1-10
	<ul style="list-style-type: none"> ■ Avoidance 1-2-3-4-5-6-7-8-9-10 ■ Total Denial 1-2-3-4-5-6-7-8-9-10 ■ Minimizing 1-2-3-4-5-6-7-8-9-10 ■ Rationalizing 1-2-3-4-5-6-7-8-9-10 ■ Blaming 1-2-3-4-5-6-7-8-9-10 ■ My Choice is: _____
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	#6 — Comparing
	<ul style="list-style-type: none"> ■ Definition <ul style="list-style-type: none"> – Believing that it’s not a problem because other people have more severe problems ■ Mistaken Belief <ul style="list-style-type: none"> – If someone else is worse off than I am, that proves that I don’t have a problem
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	#7 — Manipulating
	<ul style="list-style-type: none"> ■ Definition <ul style="list-style-type: none"> – Forcing others to act as a rescuer by refusing to solve my own problems ■ Mistaken Belief <ul style="list-style-type: none"> – If I can get someone else to fix my problem, then I don’t have to do anything to solve it for myself
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#8 — Change By Fear

- Definition
 - Believing that I won't have any more problems if I get scared enough
 - Believing I will suffer if I change
- Mistaken Belief
 - Fear alone will prevent me from future problems or trouble
 - Fear of change will keep me from suffering

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#9 — Compliance

- Definition
 - Pretending to solve the problem so I can be left alone.
- Mistaken Belief
 - If I can get people to leave me alone by going through the motions, the problem will go away.

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#10 — Flight Into Health

- Definition
 - Believing that I'm all better now and can stop doing what helped me in the first place. I convince myself I don't have to do anything else.
- Mistaken Belief
 - Feeling better means I'm cured.

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#11 — Believing I Can't Be Helped

- Definition
 - Acting hopeless or being hopeless in order to convince people to stop trying to help me
- Mistaken Belief
 - It's hopeless so I convince myself and others not to try
 - I pretend to be hopeless so others will leave me alone

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#12 —The Right To Be This Way

- Definition
 - Believing I have the right to live my life the way I want despite my problems
- Mistaken Belief
 - Because I have the right to destroy myself even if I hurt others, I should be left alone

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Please Rate Your Patterns 1-10

- Comparing 1-2-3-4-5-6-7-8-9-10
- Manipulation 1-2-3-4-5-6-7-8-9-10
- Recovery By Fear 1-2-3-4-5-6-7-8-9-10
- Compliance 1-2-3-4-5-6-7-8-9-10
- Flight Into Health 1-2-3-4-5-6-7-8-9-10
- Hopelessness 1-2-3-4-5-6-7-8-9-10
- Right To Be This Way 1-2-3-4-5-6-7-8-9-10
- My Choice is: _____

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The Relapse Cycle

Moving from being stable in recovery to becoming dysfunctional and relapsing



Managing Stuck Points In Recovery

Relapse Prone

- Evade/Deny
- Stress Builds
- Compulsive/Impulsive
- Avoidance Tactics
- Problems Multiply
- Evade/Deny

Recovery Prone

- Recognize
- Accept It's OK
- Detach
- Ask For Help
- Respond w/ Action

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	<h3>Three Paths From Remission To Relapse</h3> <ul style="list-style-type: none"> ■ Relapse triggered by exposure to addictive/rewarding drugs ■ Relapse triggered by exposure to conditioned cues from the environment ■ Relapse triggered by exposure to stressful experiences involves brain stress circuits ■ The anatomy and the physiology in these three modes of relapse have been delineated through extensive neuroscience research. <p><small>Source: American Society of Addiction Medicine, 2011 http://www.asam.org</small></p> <p><small>Copyright, Gorski-CENAPS® Corporation, 2015 1982</small></p>
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	<h3>Post Acute Withdrawal (PAW)</h3> <p>A Withdrawal Symptom That Is...</p> <ul style="list-style-type: none"> ■ Often Sub-Clinical (not easy to see) ■ Long-term (18 months to 3 years) ■ Previously Unidentified ■ Causes Dysfunction In Recovery <p><small>Copyright, Gorski-CENAPS® Corporation, 2014, 1982</small></p>
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	<h3>Symptoms Of PAW</h3> <p>People Have Difficulty With ...</p> <ul style="list-style-type: none"> ■ Thinking Clearly ■ Managing Feelings & Emotions ■ Remembering Things ■ Sleeping Restfully ■ Physical Coordination ■ Managing Stress <p><small>Copyright, Gorski-CENAPS® Corporation, 2014, 1982</small></p>
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	<h3>PAW Is ...</h3> <ul style="list-style-type: none"> ■ Brain Dysfunction ■ Caused by the Effects of Chronic Alcohol And Drug Poisoning to the Brain ■ Aggravated By Psycho-Social Stressors ■ Triggered or exacerbated by... <ul style="list-style-type: none"> – Nicotine—Recovery and smoking just don't mix – Caffeine – Sugar  <p><small>Copyright, Gorski-CENAPS® Corporation, 2014, 1982</small></p>
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	<h2>Causes of PAW ...</h2> <ul style="list-style-type: none"> ■ Chronic Alcohol And Drug Poisoning ■ Genetic Brain Chemistry Imbalances ■ Fetal Alcohol Effects ■ Head Trauma From Falls While Intoxicated
	
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	<h2>Typical Courses of PAW Symptoms</h2> <ul style="list-style-type: none"> ■ Regenerative - It Gets Better ■ Intermittent - It Comes And It Goes ■ Stable - It Stays The Same ■ Degenerative - It Gets Worse
	
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	<h2>Conditions Complicating PAW</h2> <ul style="list-style-type: none"> ■ Sugar Metabolism Diseases ■ Premenstrual Syndrome (In Women) ■ Other Neurological Conditions ■ Using Nicotine, Caffeine or Sugar ■ Coexisting Mental Disorders <ul style="list-style-type: none"> – Depression – Anxiety – Trauma/PTSD – Sleep Disorders – Bi-Polar Disorders
	
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	<h2>Psychosocial Factors In PAW</h2> <ul style="list-style-type: none"> ■ High Stress Personality ■ High Stress Life-style ■ Social Conflict Or Instability ■ Poor Diet ■ Lack Of Exercise ■ Fatigue – By Not Getting Enough Sleep/Rest ■ Inadequate Recovery Program In Place
	
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Multiple Diagnosis Complicating PAW	
<ul style="list-style-type: none"> ■ Physical Illness ■ Chronic Pain ■ Mental Disorders ■ Personality Disorders 	
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Treatment For PAW	
<ul style="list-style-type: none"> ■ Abstinence <ul style="list-style-type: none"> – To Remove Cause Of Brain Damage ■ Education About PAW <ul style="list-style-type: none"> – To Remove Shame, Guilt, and Fear ■ Symptom Management Training <ul style="list-style-type: none"> – To Improve Coping Skills ■ Nutritional Therapy <ul style="list-style-type: none"> – To Assist Brain Healing 	
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Treatment For PAW	
<ul style="list-style-type: none"> ■ Aerobic Exercise <ul style="list-style-type: none"> – To Normalize Brain Chemistry ■ Stress Management <ul style="list-style-type: none"> – Relieve Acute Symptoms ■ Social Support <ul style="list-style-type: none"> – Courage, Strength, & Hope 	
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<p>Craving Management Planning For More Effective Recovery May Need To Include Appropriate Medication Assistance</p>

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	<h2>Craving Management</h2>
	<ul style="list-style-type: none"> ■ Biological and psychological factors ■ Medication may be appropriate intervention ■ Developing a Craving Management Plan <ul style="list-style-type: none"> – Generic craving management interventions – The personal craving management plan <div style="text-align: right;">  </div> <p style="font-size: small;">Copyright, Gorski-CENAPS® Corporation, 2014, 1982</p>

	<h2>Craving Management Planning</h2>
	<ul style="list-style-type: none"> ■ Recognize and Accept: Recognize the craving and accept it as a normal part of recovery. Remind yourself that just because I'm having a craving, does not mean there is something wrong with me—it is normal to have cravings. ■ Decide Not to Act on the Craving: Tell yourself the following; "No matter what happens, I'm not going to act on this craving. Instead I'll call someone." "Cravings go away whether I use or not, I have proven this before and I can do what it takes to shut this down." <p style="font-size: small;">Copyright, Gorski-CENAPS® Corporation, 2014, 1982</p>

	<h2>Craving Management Planning</h2>
	<ul style="list-style-type: none"> ■ Change Physical Setting: Change your physical and/or social location—GET OUT OF THERE!!! Sometimes something as simple as changing chairs makes a big difference. Don't be around people who would be negative peer pressure. Be around positive recovery supportive people. ■ Meditation and Relaxation: Learn simple relaxation and/or meditation techniques. Sometimes just taking a few deep breaths can also make a big difference. Meditation and/or relaxation CDs MP3s—check it out! Remember, contempt prior to investigation equals ignorance. <p style="font-size: small;">Copyright, Gorski-CENAPS® Corporation, 2014, 1982</p>

	<h2>Craving Management Planning</h2>
	<ul style="list-style-type: none"> ■ Negative Consequences: Remind yourself of the negative things that will probably happen if you give into your craving and start to use again—have this prepared before you start having cravings. Remember all the pain and problems you have experienced and the money you have spent as a result of giving into cravings before. ■ Benefits of Staying Sober: Remind yourself of all the good things that can happen if you remain clean and sober. List some of the things that you can now accomplish because you are clean and sober that would have been difficult if not impossible to do while using. <p style="font-size: small;">Copyright, Gorski-CENAPS® Corporation, 2014, 1982</p>

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Craving Management Planning
<ul style="list-style-type: none"> ■ Exercise: Have a regular daily pattern of exercise and other pain management protocols developed and practice them on an ongoing basis. When you have a craving, you can begin using one of these activities. ■ Eat Healthy: Eating three balanced meals per day with nutritious snacks in between will be very helpful. Avoid eating as a “substitution” for the using, but do fuel your body in a healthy way. Avoid sugar, caffeine and nicotine as much as possible, but especially when having cravings.
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Craving Management Planning
<ul style="list-style-type: none"> ■ Master Imagery: Close your eyes and imagine yourself being successful and powerful in not giving into the cravings. Imagine all the positive benefits you will experience and how good you will feel about yourself for not giving in to the cravings. ■ Your Personal Plan: Try to imagine yourself in a situation when you would begin to experience strong urges or cravings to use alcohol or other drugs. Then using the previous steps as a starting point, please list your step-by step action plan with at least 4-5 steps.
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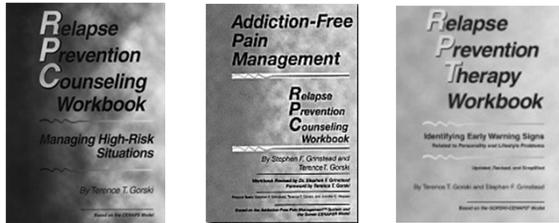
Recovery And Medication
<p>Why people in recovery use medication</p> <ul style="list-style-type: none"> ■ Craving management—as we just saw ■ Medical or mental health conditions ■ Chronic pain conditions ■ Injuries ■ Relapse - Getting High <ul style="list-style-type: none"> ■ Cope with painful reality ■ Escape from painful reality

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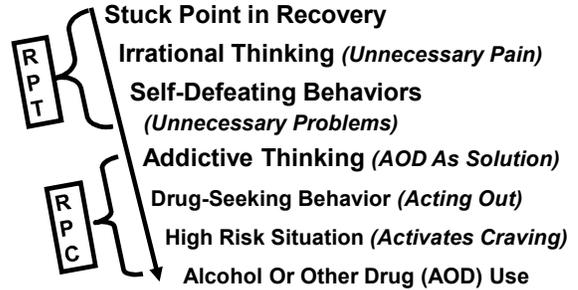
Relapse Prevention ...
<ol style="list-style-type: none"> 1. Counseling (RPC) Identifying and Managing High Risk Situations That Cause Craving 2. Therapy (RPT) Identifying and Managing Early Relapse Warning Signs That Lead To High Risk Situations 3. Addiction Psychotherapy Identifying and Managing Core Personality Traits & Lifestyle Problems That Cause Early Relapse Warning Signs
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Relapse Prevention Workbooks



Early Relapse Warning Signs Lead To High Risk Situations



Relapse Prevention Therapy (RPT)

Identifies And Changes Core ...

- Personality Factors
- Lifestyle Factors

... That Lead To A/D Use

Relapse Prevention Counseling (RPC)
Stabilizes Clients For
Relapse Prevention Therapy (RPT)
Stabilizes Clients For
Addiction Psychotherapy

Relapse Prevention Counseling

1. Time Limited Abstinence Contract
2. Relapse Intervention Plan
3. High Risk Situation (HRS) Identification
4. HRS Situations Mapping
5. HRS Management
6. HRS Decision Point Management
7. Recovery Planning For Future HRS

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	Goals Of Relapse Prevention Counseling
	<ul style="list-style-type: none"> ■ Get An Abstinence Contract ■ Develop A Relapse Intervention Plan ■ Identify High Risk Situations ■ Map High Risk Situations ■ Manage High Risk Situations ■ Manage Problematic Decision Points ■ Develop A Recovery Plan
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	Relapse Intervention Planning
	<ul style="list-style-type: none"> ■ Goal in developing an effective plan . . . <ul style="list-style-type: none"> – To stop alcohol or other drug use quickly should it occur. – To stop a relapse process before it ends up in alcohol or other drug use.

	Planning To Stop Relapse Quickly
	<ul style="list-style-type: none"> ■ Your plan to stop relapse <ul style="list-style-type: none"> – What will you do if you start to use A/D and want to stop before having serious consequences? ■ The helper's plan to stop relapse <ul style="list-style-type: none"> – What is the helper supposed to do if you relapse? ■ Involving appropriate significant others <ul style="list-style-type: none"> – Identify 3 appropriate significant others who you know will support your sobriety. – "What are they supposed to do if you start using alcohol or other drugs?"

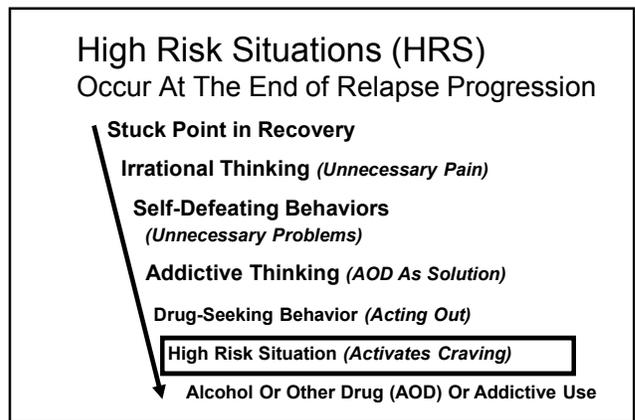
	Some Things You Can Do To Stop A Relapse Quickly
	<ul style="list-style-type: none"> ■ Recognize that you started using AOD's. ■ Acknowledge that alcohol & drug use can lead to serious consequences. ■ Stop using immediately. ■ Get out of the situation that supports use. ■ Immediately call for help & get into a sobriety supportive environment.

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	Intervention Letter Template
	<p>Dear _____, If you see me in trouble with my recovery or actually using AOD or addictive behaviors I want you to do the following:</p> <ol style="list-style-type: none"> 1. X 2. Y 3. Z 4. Show me a copy of this letter <p>Signature: _____ Date: _____</p>

	Please Develop Your Initial R.I.P. Plan
	<ul style="list-style-type: none"> ■ What I promise to do if I'm in trouble is: _____ ■ What my sponsor/coach/counselor can do is: _____ ■ Three appropriate people on my team: _____ _____ _____

	What Are High Risk Situations?
	<ol style="list-style-type: none"> 1. Any Experience (i.e. something that happens) 2. That Activates the Urge To Use Alcohol or Drugs 3. After Making A Commitment Not To 4. High Risk Situations Activate Craving By ... <ol style="list-style-type: none"> A. Removing Recovery Support (Replacing Sober Reality Testing With Addictive Reality Testing) B. Creating Social Pressure to Use (AODs) C. Exposing To Addictive Substances (Witness Use; Accidental, Deceptive, or Medical Use) <p><small>Copyright, Gorski-CENAPS® Corporation, 2015 1982</small></p>



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Each HRS Is Composed Of ...	
1. Internal Factors	2. External Factors
Biological States	People
Beliefs	Places
Perceptions	Things
Thoughts	Situations
Feelings	Grave Illness
Urges	Death & Loss
Actions	Homelessness
	Joblessness
	Poverty

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Common High Risk Situations
1. People, Places, & Things That Center Around Alcohol Or Other Drug (AOD) Or Addictive Use
2. Cues or Triggers Related To Past Addictive Use That Activate Craving (Movies, Songs)
3. Problems, Losses, Traumas in Recovery
4. Anything That Causes Personal Survival Threat By Challenging Survival Beliefs (I must/ Can't Or Else I Will Die!)

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Identifying & Managing HRS
1. Identify The High Risk Situation Are There Any Situations That Could Make You Want To Use AOD's Or Addictive Behaviors In Spite of Your Commitment Not To?
2. Describe It (Write A Description) Tell Me What Happened or Could Happen?
3. Label It (Give It A Title) Let's Name The Situation With A Word Or Short Phrase To Help Us Remember & Talk About It.

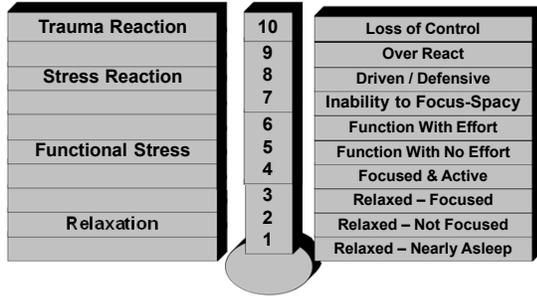
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Relaxation Response Training
<ul style="list-style-type: none"> ■ Understanding the Stress Thermometer ■ Integrate thermometer to life experiences ■ Keep stress below level 7 at all times ■ Set up mutual time out signal ■ Teach immediate relaxation response

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Stress Thermometer



Relaxation Response Methods

- Muscle stretching, tensing, relaxing
- Deep breathing
- Guided imagery
- Hypnotic language
 - Count backwards From 10
- Identify focal points for relaxation
 - Relax jaw or notice warmth in fingers
- **What are some that you use**

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Mapping High Risk Situations

- What situations should be mapped?
 - Immediate future high risk situation
 - Past high risk situations that are similar to the identified HRS
 - One that ended in inappropriate use.
 - One that was managed without using.
 - One that could happen in the near future.

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How To Create A Situation Map

- Describe the exact sequence of events & behaviors.
 - Visualize it – See it in your mind
- Clarify all aspects of the situation.
 - Who? What? When? Where? Why? How?
- What did you want to accomplish?
 - Getting into bad situations for good reasons
- Did you get what you wanted?
 - What did it cost you?

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Clarifying The Big Picture

- What did you want to accomplish by managing the situation the way you did?
- Did you get what you wanted?
– Yes or No. To what degree? (0 – 10)
- What was the price you paid?
- What could you do differently to get those needs met in a healthy way?

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Testing The High Risk Situation

- It occurs at a specific time.
- It has a beginning, middle & end.
- It is time limited (usually 24 hours or less).
- It involves specific people, places or things.
- It activates craving or addictive use.

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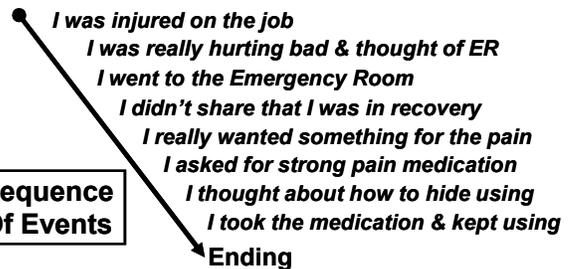
Example #1: Wedding Situation Map

Beginning



Example #2: The Injury

Beginning

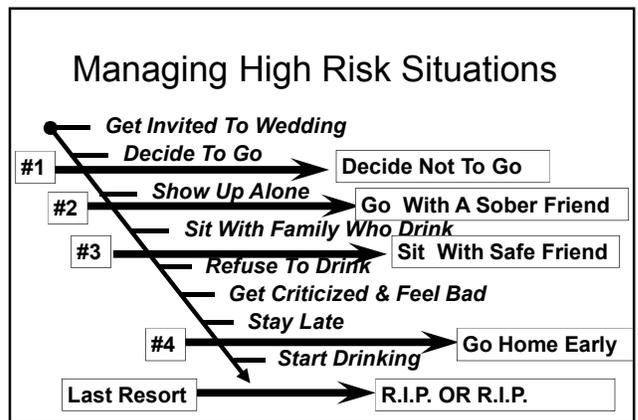


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Situation Management	
	<ol style="list-style-type: none"> 1. Identify 3 Decision Points Where More Effective Strategies Could Be Used <ul style="list-style-type: none"> - Near The Beginning - Near The Middle - Near The End 2. What Can You Do Differently At Each Decision Point 3. How Will That New Behavior Change The Outcome (Best? Worst? Most Likely?)
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Situation Management	
	<ol style="list-style-type: none"> 4. Explore How To Responsibly Avoid The Situation. 5. Explore How To Stop Addictive Use Quickly Should It Occur As A Result Of The Situation
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Situation Management Summary of The Components	
	<ul style="list-style-type: none"> ■ How Can You ... <ul style="list-style-type: none"> - Avoid The Situation? - Change Something Near The Beginning? - Change Something Near The Middle? - Change Something Near The End? - Stop Addictive Use Quickly Should It Occur?
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	<h3>TFUARs That Promote Addictive Use At Each Decision Point</h3> <ul style="list-style-type: none"> ■ Thoughts → That Support Addictive Use ■ Feelings → Deprivation Anxiety (F.E.A.R.) ■ Urges → Craving That Make You Want To Use In Spite of the Negative Consequences ■ Actions → Drug Seeking Behaviors That Lead You Closer To Addictive Use ■ Reactions → Social & Situational Responses To Addiction Seeking Behavior That Support Your Movement Toward Your Addictive Use
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<h3>Cognitive-Behavioral Response <i>Can Promote AOD Use or Abstinence</i></h3>	
Addictive Thinking ↓ Feelings of Deprivation ↓ Craving (Urge to Use) ↓ Addictive Seeking Behavior ↓ Addiction Enabling Social Reaction ↓ Next Step In The HRS	Sober Thinking ↓ Sober Feeling Management ↓ Appropriate Feelings ↓ Sobriety Seeking Behavior ↓ Sobriety Supportive Social Reaction ↓ Move Out of HRS →

	<h3>Impulse Control Training At Each Decision Point</h3> <ul style="list-style-type: none"> ■ Thoughts ■ Feelings ■ Urges ■ Actions ■ Reactions (Social) 			
<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;"> 1. Recognition 2. Impulse Control 3. Better Alternative 4. Self-Motivation </td> <td style="padding: 5px; text-align: center;">→</td> <td style="padding: 5px;"> 1. Pause 2. Relax 3. Reflect 4. Decide </td> </tr> </table> <p style="text-align: center;">↓ Different Action: The Outcome Is No Addictive Use</p>		1. Recognition 2. Impulse Control 3. Better Alternative 4. Self-Motivation	→	1. Pause 2. Relax 3. Reflect 4. Decide
1. Recognition 2. Impulse Control 3. Better Alternative 4. Self-Motivation	→	1. Pause 2. Relax 3. Reflect 4. Decide		
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	<h3>Making Sober Decisions</h3> <ul style="list-style-type: none"> ■ Pause and notice the urge without doing anything about it; ■ Relax by taking a deep breath, slowly exhaling, and consciously imagining the stress draining from your body; ■ Reflect upon what you are experiencing by asking yourself: "What do I have an urge to do? What has happened when I have done similar things in the past? What is likely to happen if I do that now?"; and then...
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Making Sober Decisions	
<ul style="list-style-type: none"> ▪ Decide what you are going to do about the urge. Make a conscious choice instead of acting out in an automatic an unconscious way. ▪ Do It! When making the choice about what you are going to do, remind yourself that you will be responsible for both the action and its consequences. 	

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Challenging Addictive Beliefs	
<p>Addictive Beliefs</p> <ol style="list-style-type: none"> 1. AOD's Are Safe & I'll Never Get Addicted 2. Using AOD's Is Good For Me 3. It's OK To Use AOD's Regularly, Heavily, And Abusively 	<p>Sober Challenges</p> <ol style="list-style-type: none"> 1. AOD's Are Not Safe, It's Best Not To Use 2. Using AOD's Can Be Bad For Me Even If It Feels Good 3. It's Not OK To Use AOD's Regularly, Heavily, And Abusively

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Challenging Addictive Beliefs	
<p>Addictive Beliefs</p> <ol style="list-style-type: none"> 4. Using AOD's Makes Life Worth Living 5. It's Good To Center My Life Around AOD's 6. I Must Use AOD's To Have A Good Life 	<p>Sober Challenges</p> <ol style="list-style-type: none"> 4. Pursuing Higher Values Makes Life Worth Living, AOD's Can Detract 5. Life Is Best When It Is Centered Around A Higher Purpose 6. I Can Have A Good Life Without Using AOD's

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Challenging Addictive Beliefs	
<p>Addictive Beliefs</p> <ol style="list-style-type: none"> 7. I Need AOD's To Survive & Thrive 8. People Who Support My Use Are Friends 	<p>Sober Challenges</p> <ol style="list-style-type: none"> 7. I Can Survive & Thrive Without AOD's 8. People Who Support My Higher Values Are Friends

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Distorted Feelings	Primary Feelings		Distorted Feelings
Grandiose	Strong	Weak	Helpless
Resentful	Angry	Caring	Obligated
Manic	Happy	Sad	Depressed
Complacent	Safe	Threatened	Panicked
Gluttonous	Fulfilled	Frustrated	Hopeless
Isolated	Lonely	Connected	Enmeshed
Arrogance	Pride	Guilt	Toxic Shame

Decision Point #1: Decide Not To Go Addictive Thought Management	
Addictive Thinking 1. I have to go or my family will hate me! 2. I should be able to go without wanting to drink! 3. If I do have a drink or two it won't be that bad.	Sober Thinking 1. My family loves me & wants me sober so they'll Understand. 2. At this stage of my recovery its normal to have cravings around people who are drinking. 3. Once I start, I'm not sure I'll be able to stop before I have serious problems.

Decision Point #1: Decide Not To Go Addictive Feeling Management	
Unmanageable Feeling 1. Feeling: Fear 2. Activating Thought: My Family Will Hate Me! 3. Activating Behavior: Always Having To Do What My Family Wants	New Management Strategy 1. Feeling: Fear. 2. New Thought: My Family will understand & support my decision. 3. New Behavior: Respectfully refusing to do what's expected & negotiate acceptable alternatives.

Decision Point #1: Decide Not To Go Addictive Behavior Management	
Old Behavior 1. Doing what I'm told, pretending to like it, feeling angry inside	New Behavior 1. Refusing to do what I'm told. 2. Honestly telling people why 3. Negotiating new alternatives for meetings the needs of all involved, including me.

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Decision Point #1: Decide Not To Go Managing Addictive Social Reactions

<p>Old Social Reactions</p> <p>1. I trained people to ignore my feelings & not take me seriously</p> <ul style="list-style-type: none"> • Not stand up for myself • Not expecting people to take me seriously • Being silent when I didn't get it 	<p>New Social Reactions</p> <p>1. Insist that others take me seriously by ...</p> <ul style="list-style-type: none"> • Standing up for myself • Expecting others to take me seriously • Telling them how I feel & asking them to change
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Decision Point Management Questions

What Are The Lessons Learned ...

1. What's The Most Important Thing You Learned From This Situation Mapping?
2. What Other High Risk Situations Are You Facing?
3. How Can You Apply What You Learned To These Other Situations?

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TFUAR Management Keep It Simple

Problem	Solution
Thinking	→
Feeling	→
Urges	→
Actions	→
Reactions (Social)	→ R.I.P. or R.I.P.

One Day At A Time

My Favorite Sanskrit Proverb

Today well lived makes every yesterday
 a dream of happiness and
 every tomorrow a vision of hope

